OFFICIAL FILE ILLINOIS COMMERCE COMMISSION

ORIGINAL

(File this application via e-docket, or if unable to do so, file one original verified application with the Chief Clerk.) Docket No. ICC Office Use Only Please provide the appropriate information in the () areas in the heading below. PT Communications, Inc. Application for a certificate of local authority to operate as a reseller and facilities based/UNE-P carrier of telecommunications services throughout the State of Illinois. APPLICATION FOR CERTIFICATE TO BECOME A TELECOMMUNICATIONS CARRIER (Use additional sheets as necessary.) FEIN # 75-2844606 1. Applicant's Name(including d/b/a, if any) PT Communications, Inc. Address: Street. 13644 Neutron Road City Dallas State/Zip Texas, 75244 2. Authority Requested: (Mark all that apply) _____13-403 Facilities Based Interexchange x 13-404 Resale of Local and/or Interexchange x__13-405 Facilities Based Local 3. Request for waivers/variances: In applications for local exchange service authority under Sections 13-404 or 13-405, waivers of Part 710 and of Section 735.180 of Part 735 are generally requested. In applications for interexchange service authority under Sections 13-403 and 13-404. waivers of Part 710 and Part 735 are generally requested. Please indicate which waivers Applicant is requesting and explain why Applicant is requesting each waiver/variance. __x_Part 710 Uniform System of Accounts for Telecommunications Carriers Part 735 Procedures Governing the Establishment of Credit, Billing, Deposits, Termination of Service and Issuance of Telephone Directories for Local Exchange Telecommunications Carriers in the State of Illinois

_x__Section 735.180 Directories

Other

4.	For all applicants requesting local exchange authority under Section 13-404 or Section 13-405, please complete the following:		
	 (a) the Standard Questions for Applicants Seeking Local Exchange Service Authority found in Appendix A of this document (b) the 9-1-1 Questions for Applicants Seeking Local Exchange Service Authority found in Appendix B of this document; (c) the Financial Questions for Applicants Seeking Local Exchange Service Authority found in Appendix C of this document; and (d) if applicable, the Prepaid Service Questions for Applicants Seeking Local Exchange Service Authority found in Appendix D of this document. 		
5. In what area of the state does the Applicant propose to provide service?			
	Ameritech exchanges		
6. Please attach a sheet designating contact persons to work with Staff on the following:			
	a) issues related to processing this application b) consumer issues c) customer complaint resolution d) technical and service quality issues e) "tariff" and pricing issues f) 9-1-1 issues g) security/law enforcement		
	Please identify each contact person's (i) name, (ii) title, (iii) mailing address, (iv) telephone number, (v) facsimile number, and (vi) e-mail address. See Attachment A.		
7. 	Please check type of organization? IndividualX Corporation Partnership Date corporation was formed October 25, 1999 In what state? Texas Other (Specify)		
8.	Submit a copy of articles of incorporation and a copy of certificate of authority to transact business in Illinois. See Attachment B.		
9.	List jurisdictions in which Applicant is offering service(s).		
	None.		
10.	Has the Applicant, or any principal in Applicant, been denied a Certificate of Service or had its certification revoked or suspended in any jurisdiction in this or another name?		
	YES (Please provide details) X NO		

11. Have there been any complaints or judgments levied against the Applicant in any other jurisdiction?		
YES _XNO		
If YES, describe fully.		
12. Has Applicant provided service under any other name?		
YESXNO		
If YES, please list		
13. Will the Applicant keep its books and records in Illinois?YESXNO If NO, permission pursuant to 83 Ill. Adm Code Part 250 needs to be requested. Pursuant to Adm Code Part 250, Applicant hereby respectfully requests permission to keep its books and records in the State of Texas at its principal place of business. Applicant will make such records available to the Commission upon request, and will reimburse the Commission for any necessary expenses to review such information.		
MANAGERIAL		
14. Please attach evidence of the applicant's managerial and technical resources and ability to provide service. This may be in either narrative form, resumes of key personnel, or a combination of these forms. See Attachment C.		
15. List officers of Applicant.		
Roman Talis, CEO		
16. Does any officer of Applicant have an ownership or other interest in any other entity which has provided or is currently providing telecommunications services? _X_ YES NO		
If YES, list entity. WDT World Discount Telecommunications Co.		
17. How will Applicant bill for its service(s)? (At a minimum, describe how often the Applicant will bill for service and details of the billing statement.)		
Applicant will bill on a monthly basis. Applicant's bills will include call detail information, and separate line items for all services and charges, including any monthly recurring charges, onetime charges, taxes or surcharges.		

18. How does Applicant propose to handle service, billing, and repair complaints? (At a minimum, describe Applicant's internal process for complaint resolution, the complaint escalation process, the timeframe and process by which the customer is notified by Applicant that they may seek assistance from the Commission?) Service, billing and repair complaints can be reached through a toll-free number. If the customer is not satisfied with the complaint resolution, customer will be advised it can contact the Illinois Commerce Commission for resolution. 19. Will personnel be available at Applicant's business office during regular working hours to respond to inquiries about service or billing? ____x_YES ____NO 20. What telephone number(s) would a customer use to contact your company? (888) 353-0808 21. Will Applicant abide by all Federal and State slamming and cramming laws pursuant to Section 13-902 of the Public Utilities Act and Section 258 of the 1996 Telecommunications Act? __X__ YES ____ NO 22. Please describe applicant's procedures to prevent slamming and cramming of customers? The company will obtain written authorization from all local exchange customers prior to implementing a carrier change and prior to commencing service. All marketing will be done in accordance with applicable state and federal regulations. All charges, including any monthly recurring charges, onetime charges, taxes or surcharges will be clearly disclosed. 23. If granted authority to operate as a local exchange carrier, will the applicant abide by the following 83 Illinois Administrative Code Parts: 705, 710, 720, 725, 730, 735, 755, 756, 757, 770, and 772?

__X__ YES ____ NO

25. Please attach evidence of Applicant's financial fitness through the submission of its most current income statement and balance sheet, or other appropriate documentation of applicant's financial resources and ability to provide service. See Attachment E.

X YES NO (If no, please provide an explanation.)

24. Is Applicant aware that it must file tariffs prior to providing service in Illinois?

OBCHNICAL				
26. Does Applicant utilize its own equipment and/or facilities?X_ YES NO				
If YES, please list the facilities Applicant intends to utilize. Also include evidence that Applicant possesses the necessary technical resources to deploy and maintain said facilities:				
Applicant does not currently have any equipment or facilities located in the State of Illinois. See Attachment F for possible future plans in Illinois as a facilities-based provider				
If NO, which facility provider(s)'s services does the Applicant intend to use?	•			
Ameritech and Global Crossing and Sprint 27. Please describe the nature of service to be provided (e.g., operator services, internet, debit can long distance service, data services, local service, prepaid local service).	rds,			
Local service and data services				
28. Will technical personnel be available at all times to assist customers with service problems?				
X_YESNO				

29.	If Applicant intends to provide payphone service, will the equipment utilized comply with FCC
	requirements and Finding (9) of the Commission Order entered in Docket No. 84-0442 on June
	11, 1986, including, but not limited to: (a) touch dialing; (b) access to 9-1-1 and "0" operator
	dialing without use of a coin; (c) rules governing use of payphones by disabled persons; (d) ability
	to complete local and long-distance calls; (e) unlimited duration for local calls; and (f) a message
	explaining the telephone's general operations, dialing instructions for emergency assistance,
	payphone owner's name, method of reporting service problems and method of receiving credit for
	faulty calls? YES NO NOT APPLICABLE

Roman Talis President

VERIFICATION

This application shall be verified under oath.

	OATH
State of Texas))ss
County of Dallas)
Roman Talis makes oath and says (Insert here the name of affiant)	that he/she is <u>PRESIDENT</u> (Insert the official title of the affiant)
of <u>PT Communications, Inc.</u> (Insert here the exact legal	l title or name of the Applicant)
information, and belief, all statem	going application and that to the best of his/her knowledge, ents of fact contained in the said application are true, and the said of the business and affairs of the above-named applicant in respective therein.
	Koman Talis President
Subscribed and sworn to before me	e, a Notary Public/ Valerie A. Rocevi (Title of person aut porized to administer oaths)
in the State and County above nar	med, this 10th day of January 2008-4
"OFFICIAL SEAL" VALERIE A. ROCEN Notary Public, State of Illinois My Commission Expires 03/22/06	(Signature of person authorized to administer oath)

List of Attachments

Α	Designated Contact Persons
В	Articles of Incorporation and Certificate of Authority
\mathbf{C}	Management & Technical Information
D	ITAC & UTAC Membership Forms
E	Financial Information
F	Network Information
G	Chart of Accounts